



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
STATE BOARD OF MEDIATION  
PO Box 591 Jefferson City, MO 65102-0591

**PETITION**

**DO NOT WRITE IN THIS SPACE**

CASE NO.

DATE FILED

**INSTRUCTIONS:** Submit an original and 4 copies of the Petition to the State Board of Mediation. If more space is required for any one item, attach additional sheets, numbering items accordingly. (See additional instructions on following page.)

The Petitioner alleges that the following circumstances exist and requests that the State Board of Mediation proceed under its proper authority pursuant to Section 105.525 RSMo 1994 and Administrative Rules 8 CSR 40-1.010 through 40-2.180.

1. TYPE OF PETITION: ☐ ORIGINAL ☐ AMENDED ☐ INTERVENOR

2. PURPOSE OF THIS PETITION (Check One)

☐ R-CERTIFICATION OF REPRESENTATION

☐ RM-REPRESENTATION (EMPLOYER PETITION)

☐ RD-DECERTIFICATION

☐ UC-UNIT CLARIFICATION Check one: ☐ In unit not previously certified. ☐ In unit previously certified in Case No. \_\_\_\_\_

☐ AC-AMENDMENT OF CERTIFICATION in unit previously certified in Case No. \_\_\_\_\_

3. NAME OF EMPLOYER, (Department and Division, if applicable)

TELEPHONE

( )

FAX

( )

4. ADDRESS(ES) OF ESTABLISHMENT(S) INVOLVED

CITY

COUNTY

STATE

ZIP

CONTACT PERSON

TITLE

5. UNIT

INCLUDED

6. Approximate Number of Employees in Unit

EXCLUDED

7a. ☐ Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).

7b. ☐ Petitioner is currently recognized as Bargaining Representative and desires certification.

8. NAME OF RECOGNIZED OR CERTIFIED BARGAINING AGENT (if none, so state)

AFFILIATION

ADDRESS AND TELEPHONE NUMBER

CONTACT PERSON

DATE OF RECOGNITION  
OF CERTIFICATE

9. EXPIRATION DATE OF CURRENT RESOLUTION OR MEMORANDUM OF UNDERSTANDING (Month, Day, Year)

10. OTHER ORGANIZATIONS CLAIMING RECOGNITION AS REPRESENTATIVE

NAME

AFFILIATION

ADDRESS

DATE OF CLAIM  
(Required only if Petition is filed  
by Employer)

11. A petition for certification of public employee representative shall be accompanied by original authorization cards signed by the employees to be represented, no less than thirty (30) percent of the employees in the unit alleged to be appropriate. Such showing of interest shall be dated not more than six (6) months prior to filing of petition.

**I DECLARE THAT I HAVE READ THE ABOVE PETITION AND THAT THE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

NAME OF PETITIONER AND AFFILIATION, IF ANY

REPRESENTATIVE OR PERSON FILING PETITION – PLEASE PRINT

TITLE, IF ANY

ADDRESS

CITY

STATE

ZIP

TELEPHONE

( )

FAX

( )

BY (Signature of Representative or person filing petition)

DATE

## INSTRUCTIONS FOR COMPLETING PETITION FORM

### Item 1 -- **TYPE OF PETITION** (Please check only one.)

Original: New petition.

Amended: As used in this context, the original petition was returned to Petitioner for corrections; or Petitioner, on their own initiative, makes corrections or changes. Petition is re-submitted to the State Board of Mediation for processing.

Intervenor: Outside party is filing a petition for Intervention. **Petition for Intervention must be accompanied by a 10% showing of interest.**

### Item 2 -- **PURPOSE OF THIS PETITION** (Please check only one.)

R - Certification for Representation: The petition may be filed by any public employee, group of public employees, any individual or employee organization. A substantial number of employees wish to be represented for purposes of bargaining by Petitioner, and Petitioner desires to be certified as the exclusive representative of the employees. **Petition form must be accompanied by 30% showing of interest.** If this box is checked, complete EITHER item 7a or 7b, whichever is applicable.

RM - Representation (Employer Petition): The petition may be filed by a public employer alleging that one or more individuals or employee organizations have presented a claim to Employer to be recognized as the representative of its employees and the public employer has a good faith doubt concerning the majority representative of its employees.

RD - Decertification: The petition may be filed by any employee, group of employees, or any individual acting on their behalf. A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. **Petition form must be accompanied by 30% showing of interest.** If this box is checked, complete items 8 and 9, if applicable.

UC - Unit Clarification: The petition may be filed by the certified representative, the recognized representative, the public employer, or both the employer and the representative. Petitioner(s) seeks clarification of placement of certain job classifications. If Petitioner is seeking a Unit Clarification of a previously certified bargaining unit, please check the box and reference the case number. If the Unit Clarification is for a unit not previously certified, please check the box indicating "In Unit Not Previously Certified" and describe the bargaining unit in Item 5.

AC - Amendment of Certification: The certified representative or the public employer may file a petition for Amendment of Certification. Petitioner seeks an amendment to reflect changed circumstances (such as merger or affiliation) in a unit covered by a Certification and where no question concerning representation exists. Please reference the case number from the original Certification.

### Item 3 -- **NAME OF EMPLOYER**

Give complete name of public employer (Department and Division, if applicable), telephone number, and fax number, including area code.

### Item 4 -- **ADDRESS OF EMPLOYER**

Give complete address of public employer, the contact person, and their title.

### Item 5 -- **UNIT**

Representation Petition (R): Describe the unit in detail as to the proposed job classifications to be included and excluded in the proposed bargaining unit.

Representation - Employer Petition (RM): Describe the unit for an Employer petition using the language from the original Certification or the most recent Unit Clarification issued by the State Board of Mediation.

Decertification Petition (RD): Describe the unit for a Decertification petition by using the language from the Certification or the most recent Unit Clarification issued by the State Board of Mediation. If Petitioner is seeking decertification of a voluntarily recognized unit, please state this, and include a complete description of the currently recognized bargaining unit.

Unit Clarification Petition (UC): Use the language from the original Certification or the most recent Unit Clarification issued by the State Board of Mediation; and attach a description of the proposed clarification. If Petitioner is seeking a Unit Clarification of a voluntarily recognized unit, please state this and include a complete description of the currently recognized bargaining unit. Attach a description of the proposed clarification.

Amendment of Certification: Describe the unit using the language from the original Certification or the most recent Unit Clarification issued by the State Board of Mediation.

### Item 6 -- **APPROXIMATE NUMBER OF EMPLOYEES IN UNIT**

The Petitioner should indicate the approximate number of employees in the unit claimed to be appropriate.

### Item 7a & b -- **REQUEST FOR RECOGNITION**

7a: State the date of the request for recognition as majority representative and the date such request was declined by the public employer or a statement that no reply has been received.

7b: Check this box if the Petitioner has been voluntarily recognized as the majority representative.

### Item 8 -- **NAME, ADDRESS, & TELEPHONE NUMBER OF RECOGNIZED OR CERTIFIED BARGAINING AGENT**

Complete this section if information is different from Item 11.

### Item 9 -- **EXPIRATION DATE OF CURRENT RESOLUTION OR MEMORANDUM OF UNDERSTANDING**

State the month, day, and year of expiration, **not** the date the Memorandum was signed.

### Item 10 -- **OTHER ORGANIZATIONS CLAIMING RECOGNITION AS REPRESENTATIVE**

Complete this section if there are other organizations, other than Petitioner and those named in Item 8, which are known to have a representative interest in any employee in the unit described in Item 5. If none, so state.

### Item 11 -- **DECLARATION**

Give complete information regarding the name of petitioner and affiliation; print the name of the representative or person filing the petition; their title, complete address, telephone number, fax number, signature of person filing petition and date completed. Mail the original petition and authorization cards to the State Board of Mediation, PO Box 591, Jefferson City, MO 65102-0591.